

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022529

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 114

Primary Registration District No. 5432

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0360

2 0360

3

4 0

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9 4221

10

11

12 90-0

13 4-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 5 1962

1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN StantonLength of stay in 1b
12 Yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION StantonInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Franklin

c. CITY
OR TOWN StantonInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
StantonReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Carroll Stevens Townsend

4. DATE
OF DEATH

Month

Day

Year

June 23, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/5/1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Artist

10b. KIND OF BUSINESS OR INDUSTRY

Newspaper

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles W. Townsend

13b. MOTHER'S MAIDEN NAME

Martha W. Folgeman

14. NAME OF HUSBAND OR WIFE

Sarah H. Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Sarah H. Townsend, Stanton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

~~(Cerebral Thrombosis)~~ Cerebral ThrombosisINTERVAL BETWEEN
ONSET AND DEATH

1 week

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Advanced arteriosclerotic Cardiovascular
Disease

DUE TO (c)

? years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Encephalomalacia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1 May 1962 to 23 June 1962 and last saw her alive on 23 June 1962
Death occurred at 23 June 1962 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. V. Gien MD

22b. ADDRESS

Sullivan, Mo

22c. DATE SIGNED

6-25-62

23a. BURIAL, CREMATION
REMOVAL (Specify)

Burial

23b. DATE

6/26/1962

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Mem. Cem.

23d. LOCATION (City, town, or county)

Sullivan, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H.M. Eaton, Sullivan, Mo.

25. DATE RECD. BY LOCAL REG.

6-25-1962

26. REGISTRAR'S SIGNATURE

H.M. Eaton Dep.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUL 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harrison W. Eaton

Licensed Embalmer No. 5066

P. O. Address: Fullerton, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.